



**UTILITY DECLARATION
AND POWER OF ATTORNEY
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **INTEGRATED PROTOCOL FOR DIAGNOSIS, TREATMENT, AND PREVENTION OF BONE MASS DEGRADATION** the specification of which

(Check One)

☐

is attached hereto OR

☒

was filed on July 18, 2003 as United States Application Serial No. 10/623,466 or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Date of Filing | Priority Claimed | |
|--|---------|----------------|------------------|----|
| | | | Yes | No |
| | | | | |

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date |
|-----------------------|-------------|
| | |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date | Status-Patented, Pending or Abandoned |
|-----------------------------------|-------------------|--------------------|---|
| | | | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 34026:



34026

PATENT TRADEMARK OFFICE

JONES DAY
555 W. Fifth Street, Suite 4600
Los Angeles, CA 90013-1025
(213) 489-3939

Please send all correspondence to the attention of **Theodore S. Maceiko**, at the above Customer Number, and direct all telephone calls to **(213) 489-3939**.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | | |
|---------------------------------------|-------------------------|------------------------------------|---------------------------------------|-------------------------------|---|
| 201 | FULL NAME OF INVENTOR | FIRST Name Gary | MIDDLE Initial S. | LAST Name Dixon | |
| | RESIDENCE & CITIZENSHIP | City Milwaukee | State or Foreign Country Wisconsin | | Country of Citizenship United States |
| | POST OFFICE ADDRESS | 3605 South 17 th Street | City Milwaukee | State or Country Wisconsin | Zip Code 53221 |
| INVENTOR'S SIGNATURE _____ DATE _____ | | | | | |

| | | | | | |
|---|-------------------------|-----------------------|--|--------------------------------|-----------------------------------|
| 202 | FULL NAME OF INVENTOR | FIRST Name Andreas | MIDDLE Initial M. | LAST Name Pfander | |
| | RESIDENCE & CITIZENSHIP | City Torrance | State or Foreign Country California | | Country of Citizenship Germany |
| | POST OFFICE ADDRESS | 21805 Barbara Street | City Torrance | State or Country California | Zip Code 90503 |
| INVENTOR'S SIGNATURE <u><i>Andreas Pfander</i></u> DATE <u>11/10/03</u> | | | | | |



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| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date | Status-Patented, Pending or Abandoned |
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| 201 | FULL NAME OF INVENTOR | FIRST Name Gary | MIDDLE Initial S. | LAST Name Dixon | |
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| INVENTOR'S SIGNATURE | | | | | DATE 11/17/03 |

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| 202 | FULL NAME OF INVENTOR | FIRST Name Andreas | MIDDLE Initial M. | LAST Name Pfander | |
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| INVENTOR'S SIGNATURE | | _____ | | | DATE _____ |